

Housing Repair Assistance Program
New or Recertification Application for Services

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City Of Renton

Community Services Department/Human Services Division

Mailing Address:

City of Renton Human Services
1055 South Grady Way
Renton, WA 98057

For assistance:

phone: 425-430-6650
email: manthony@ci.renton.wa.us



Mail Application to address at left.

Residence Information – residence must be within the City limits of Renton.

Street Address	Unit #	Zip Code
E-mail Address	Daytime Phone	Home Phone

List all occupants living at this address. List includes you (the applicant), your spouse, your children and any others living in the residence listed at the above address.

Last Name	First Name	M I	Occupation	Birth Date	Files IRS Tax Return?	Receives retirement income?	Receives Soc. Sec. Income?
(applicant)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(occupant 1)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(occupant 2)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(occupant 3)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(occupant 4)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(occupant 5)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(occupant 6)					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please submit with your application copies of supporting documents for all boxes checked yes.

Ethnicity & gender of applicant. Check the boxes that apply.

Applicant is: Male ☐ or Female ☐ Applicant is Hispanic or Latino? Yes ☐ No ☐

What is applicant’s race? Check all that apply.

White	
Black/African American	
Black/African American & White	
Asian	
Asian & White	
American Indian/Alaskan Native	
American Indian/Alaskan Native & White	
American Indian/Alaskan Native & Black/African American	
Native Hawaiian/Other Pacific Islander	
Other Multi-racial	

Please check the type of your home:

Single Family ☐ Duplex ☐ Condominium/Townhouse ☐

Mobile Home ☐ For mobile homes, a copy of your Washington State Department of Licensing Title is required for program eligibility. Please submit title copy with your application.

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Where did you hear about this program?

Insert in utility bill ☐ Saw truck in area ☐ Brochure ☐ Word of Mouth ☐

Are you, the applicant disabled? Yes ☐ No ☐

Is any resident at this address disabled? Yes ☐ No ☐

Definition and Statement of Disability:

The **definition of a disability** is from the US Census. It means **people are disabled who:**

- use a wheelchair or have used another special aid for six months or longer;
- are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, walking or needing assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, dressing, bathing, eating and using the toilet) or instrumental activities of daily living (going outside the home, keeping track of money and bills, preparing meals, doing light housework and using the telephone);
- are prevented from working at a job or doing housework;
- have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation, or
- are under age 65 years of age and are covered by Medicare or receive SSI.

Statement of application accuracy and completion; protection & exemption of the City from claims; warrantee/guarantee limitations; permission for photos and Utility Division access to financial information for application to Reduced Utility Rebate and Reduced Rate Programs.

I declare that I have examined this statement and to the best of my knowledge and belief, this information is true, correct and complete. I have requested the repairs and services from the City of Renton and hereby protect and exempt the City of Renton harmless from all claims, demands, and causes of action of any kind or character due to the repairs and services performed on my home and property. Warranties and guarantees, if any, are limited to those offered by the manufacturer of products installed at the property or by the contractor when a contractor has been retained by the City to perform specified repairs on behalf of the homeowner. When a contractor is retained by the City of Renton on behalf of the homeowner, the contractual relationship will be between the homeowner and the contractor. The City will make payment on the behalf of the homeowner.

I hereby give my permission to the City of Renton and the Human Services Division to take photos of my home or property, which might include me, my spouse, child (children) or other members of my household, for possible use in publications promoting programs or activities for the City of Renton. I also give my permission to have my pertinent financial information given to the City of Renton Utility Accounts Division to be considered for the Reduced Utility Rate and the Utility Tax Rebate programs.

Date: _____

Applicant Signature _____

Please include the following documents with your application. 1)An applicant signed Statement of Homeowner Occupancy; 2)for each occupant a copy of last year's tax return; 3)for each occupant any document verifying other income, which includes but is not limited to copies of social security, disability, pension or retirement benefit award statements, spousal or child support; 4)If you live in a mobile home a copy of your Washington State Department of Licensing Title. Once your application is approved, a Human Services staff member will contact you to schedule an assessment inspection of your home.